

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/553163

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED AFTER
1ST AMENDMENT AFTER
2ND AMENDMENT

	IND.	DEP.	IND.	DEP.	IND.	DEP.
--	------	------	------	------	------	------

1	1		1			
2						
3						
4						
5						
6						
7						
8						
9						
10			6			
11						
12	1			12		
13						
14						
15						
16						
17						
18	1					
19						
20	1					
21	1					
22						
23			1			
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						

TOTAL IND.

↓ ↓ ↓

TOTAL DEP.

← → ← →

TOTAL CLAIMS

14

15

BEST AVAILABLE COPY